Image# 11971868704 PAGE 1 / 36

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		AII AUIIIOI1260				Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	
American Council of Life	e Insurers Poli	itical Action	Committe	e 		
ADDRESS (number and street)	101 Constitution Av	/e., NW				
Observation of different	Suite 700					
Check if different than previously reported. (ACC)	Washington				DC	20001
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		;	STATE 🛦	ZIP CODE ▲
C C00147066		3. IS THIS REPORT		IEW N) OR	AM (A	MENDED)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	340 0	Mar 20 (M3)		lun 20 (M6)	- 1	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	(-)	Apr 20 (M4)		Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Elect Report for		Primary (12P Convention (General Special	
October 15 Quarterly Report (Q3)		or tile.	Convention (120)	Special	120)
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-El Report fo		General (300	à)	Runoff (Special (30S)
Termination Report (TER)	Порот к	Election on	M = M /	D	Y	in the State of
5. Covering Period 10	/ D D / Y	2011	through	M M	31	2011
I certify that I have examined this	Report and to the	best of my kno	wledge and b	pelief it is tru	ie, correct an	d complete.
Type or Print Name of Treasurer	Mr. Donald L. Walk	cer				
Signature of Treasurer Mr. Don	nald L. Walker		[Electronically	Filed]	Date 11	17 / 2011
NOTE: Submission of false, erroneo	us, or incomplete in	formation may su	bject the pers	son signing th	nis Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 10 01 2011 To: 10 31 2011

		COLUMN A This Period				
6.	(a) Cash on Hand January 1, 2011		59453.10			
	(b) Cash on Hand at Beginning of Reporting Period	83061.98				
	(c) Total Receipts (from Line 19)	48915.64	305788.56			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	131977.62	365241.66			
7.	Total Disbursements (from Line 31)	13800.00	247064.04			
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118177.62	118177.62			
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

I. Receipts	COLUMN A	COLUMN B			
<u> </u>	Total This Period	Calendar Year-to-Date			
. Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees	16468.85	106990.72			
(i) Itemized (use Schedule A)	10-100.00	7			
(ii) Unitomized	4946.79	32297.84			
(ii) Unitemized(iii) TOTAL (add	4940.79	02237.04			
Lines 11(a)(i) and (ii)	21415.64	139288.56			
Lines Tr(a)(i) and (ii)	2 119.01	7			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	25000.00	164000.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)▶	46415.64	303288.56			
2. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
-					
3. All Loans Received	0.00	0.00			
L Loan Repayments Received	0.00	0.00			
5. Offsets To Operating Expenditures					
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
6. Refunds of Contributions Made	7	7			
to Federal Candidates and Other					
Political Committees	2500.00	2500.00			
7. Other Federal Receipts	7				
(Dividends, Interest, etc.)	0.00	0.00			
3. Transfers from Non-Federal and Levin Funds	7				
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(b) Leviii i unus (nom ochedule rio)					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
(4) 13 13 (3 13(4), 3 13(4), 3					
O. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	48915.64	305788.56			
). Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	48915.64	305788.56			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		2
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	1173.54
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1173.54
2.	Transfers to Affiliated/Other Party		
3	CommitteesContributions to	0.00	0.00
Ο.	Federal Candidates/Committees and Other Political Committees	10000.00	238590.50
4.	Independent Expenditures	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9.	Other Disbursements	3800.00	7300.00
Ο.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	5.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
۱.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13800.00	247064.04
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	13800.00	247064.04
	from Line 31)	13000.00	247004.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	46415.64	303288.56
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46415.64	303288.56
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	1173.54
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1173.54

FO	FOR LINE NUMBER:						6	OF	36
(che	eck only								
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	13		14		15		16	;	17

NAME OF COMMITTEE (In Full) American Council of Life Insure		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David K. Ficca Mailing Address 10075 Red Run Blvd City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Baltimore Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21117-4865 C Occupation President & Chief Executive Officer Aggregate Year-to-Date ▼ 900.00	Date of Receipt 10 26 2011 Transaction ID: 42842987 Amount of Each Receipt this Period 900.00
Full Name (Last, First, Middle Initial) Richard A Spencer Mailing Address 4300 Carriage Ct. City Kensington FEC ID number of contributing federal political committee. Name of Employer Baltimore Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 20895-3615 C Occupation Vice President and Controller Aggregate Year-to-Date ▼ 275.00	Date of Receipt 10 26 2011 Transaction ID: 42842988 Amount of Each Receipt this Period 275.00
Full Name (Last, First, Middle Initial) Mr. Harold B. Rojas Mailing Address 6315 Ferryboat Circle City Columbia FEC ID number of contributing federal political committee. Name of Employer Baltimore Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21044-3803 C Occupation Attorney Aggregate Year-to-Date ▼	Date of Receipt 10 14 2011 Transaction ID: 42842996 Amount of Each Receipt this Period 275.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1450.00

						PAGE	7	OF	36
(check only one)									
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		13		14		15	16	6	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Council of Life Insur	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Steve Kandarian		Date of Receipt
Mailing Address 25 Lenox Road		10 14 2011
City	State Zip Code	Transaction ID : 42842999
Summit	NJ 07901-3704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	1
MetLife	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) 3. Mr. John J Patterson		Date of Receipt
Mailing Address 10075 Red Run Blvd		10 19 2011
City	State Zip Code	Transaction ID : 42843019
Owings Mills	MD 21117-4865	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	11.00
Name of Employer	Occupation	
Baltimore Life Insurance Company	Senior Vice President, Operations]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	231.00	
Full Name (Last, First, Middle Initial) Mr Brian Stricker		Date of Receipt
Mailing Address 10409 Petersboro Road		10 19 2011
City	State Zip Code	Transaction ID : 42843036
Woodstock	MD 21163-1345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	390.00
Name of Employer	Occupation	-
Baltimore Life Insurance Company	Actuary]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional)		1651.00
(0000000)		
TOTAL This Period (last page this line number	er only)	

F	FOR LINE NUMBER:						8	OF	36
(check only one)									
	X 11a 11b						12		
		13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Craig D. Simms		Date of Receipt
Mailing Address 31 Quail Hollow Drive		10 31 2011
City	State Zip Code	Transaction ID: 42843570
Southington	CT 06489-1617	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	†
Vantis Life Insurance Company	Senior Vice President, Sales & Marketi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone	'	Date of Receipt
Mailing Address 32 Lincoln		M = M / D = D / Y = Y = Y
City	State Zip Code	10 31 2011
Weatogue	CT 06089-9780	Transaction ID : 42843571 Amount of Each Receipt this Period
FEC ID number of contributing	000000	Amount of Edon Hoodipt this I endu
federal political committee.		26.75
Name of Employer Vantis Life Insurance Company	Occupation	
	President & Chief Executive Officer	4
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	538.42	
Full Name (Last, First, Middle Initial) Mr. John J Patterson	•	Date of Receipt
Mailing Address 10075 Red Run Blvd		10 31 2011
City Owings Mills	State Zip Code MD 21117-4865	Transaction ID : 42843572 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11.00
Name of Employer	Occupation	+
Baltimore Life Insurance Company	Senior Vice President, Operations	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	242.00	
SUBTOTAL of Receipts This Page (optional))	52.75
TOTAL This Period (last page this line numb	<u> </u>	

FOR LINE NUMBER:					PAGE	-	9	OF		30	
(check only one)											
X 11a 11b						11c		12	2		
		13		14		15		16	6		17

NAME OF COMMITTEE (In Full) American Council of Life Insure Full Name (Last, First, Middle Initial)	ers Political Action Committee	T
Thomas E Ratterman		Date of Receipt
Mailing Address 104 Emily Ct		10 31 2011
City	State Zip Code	Transaction ID : 42843587
Vestal	NY 13850-3000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Columbian Mutual Life Insurance Compan	Chairman, President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr Patrick A Mannion		Date of Receipt
Mailing Address 7665 Hunt Lane		M = M / D = D / Y = Y = Y
City	State Zip Code	10 31 2011
Fayetteville	NY 13066-2555	Transaction ID : 42843588
	15000-2555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Columbian Mutual Life Insurance Compan	President & Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) . Ms. Peggy M. Rubin		Date of Receipt
Mailing Address 6140 River Chase Circle		M = M / D = D / Y = Y = Y
City	State Zip Code	10 31 2011
Atlanta	GA 30328-3545	Transaction ID: 42843589 Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Columbian Mutual Life Insurance Compan	Senior Vice President, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
·		
		1850.00

FOR LINE NUMBER: PAGE 10 OF 36 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. August S. Dittemore Date of Receipt Mailing Address 314 Wilson Ave 2011 10 31 City Zip Code State Transaction ID: 42843590 NY Endwell 13760-3246 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Columbian Mutual Life Insurance Compan Senior Vice President, Sales & Marketi Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Daniel J. Fischer Date of Receipt Mailing Address 6 Moran Court 10 31 2011 City State Zip Code Transaction ID: 42843591 NY Binghamton 13903-5927 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Columbian Mutual Life Insurance Compan Senior Vice President, General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael C. Fosbury CFA Date of Receipt Mailing Address 4504 Forest Lane 10 31 2011 City Zip Code State Transaction ID: 42843595 NY Vestal 13850-3803 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation SVP & CIO Columbian Mutual Life Insurance Compan Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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or each category of the Detailed Summary Page	×	11a		11b		11c	12			
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. John M. Love Mailing Address 23122 Argyle Street		Date of Receipt
		10 31 2011
City	State Zip Code	Transaction ID: 42843596
Novi	MI 48374-4303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Columbian Mutual Life Insurance Compan	Senior Vice President	j
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Richard F Jones		Date of Receipt
Mailing Address 5705 Oakwood Road	Obelo Ti O i	10 06 2011
City Mission Hills	State Zip Code KS 66208-1143	Transaction ID : 42851222
Mission Hills		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Fidelity Security Life Insurance Compa	Insurance Company President	1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) General	500.00	
Full Name (Last, First, Middle Initial) James G. Lewis	1	Date of Receipt
Mailing Address 4608 Driftwood		10 10 2011
City	State Zip Code	Date of Receipt Date of Receipt Transaction ID: 42843596 Amount of Each Receipt this Period 250.00 Date of Receipt M M M / D D / 2011 Transaction ID: 42851222 Amount of Each Receipt this Period 500.00 Date of Receipt
Frisco	TX 75034-5132	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	1
Central Security Life Insurance Compan	Executive Vice President]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number		

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Michael A. Merriman Date of Receipt Mailing Address 300 West 11th Street 2011 10 10 City Zip Code State Transaction ID: 42851231 MO Kansas City 64105-1618 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Chairman of the Board Americo Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Gary L. Muller Date of Receipt Mailing Address 300 W. 11th Street 10 10 2011 City State Zip Code Transaction ID: 42851232 MO Kansas City 64105-1618 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Americo Life Insurance Company Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Mark K. Fallon Date of Receipt Mailing Address 2209 W. 126th Street 10 10 2011 City Zip Code State Transaction ID: 42851236 KS Leawood 66209-1384 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Senior Vice President & Chief Financia Americo Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 2300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X 11a	11b	1	1c		12
	12	14	□₁	. [16

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persue name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Gregory A. Hamilton		Date of Receipt
Mailing Address 3447 W. 138th Terrace		10 10 2011
City	State Zip Code	Transaction ID : 42851237
Leawood	KS 66224-4595	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Americo Financial Life and Annuity Ins	Vice President & Director, Investments	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Ms. Sandra L. Dunaway		Date of Receipt
Mailing Address 3198 SW Ganderia St		10 10 2011
City	State Zip Code	Transaction ID: 42851241
Lees Summit	MO 64081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Americo Life Insurance Company	Vice President, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Ms. Cathy A. Cavitt		Date of Receipt
Mailing Address 8001 El Monte		10 10 2011
City	State Zip Code	Transaction ID : 42851242
Prairie Village	KS 66208-5050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Americo Financial Life and Annuity Ins	Vice President, Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

14 OF 36 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Donald P. Oster Date of Receipt Mailing Address 12624 W 121st Terrace 2011 10 10 City Zip Code State Transaction ID: 42851243 KS Overland Park 66213-2263 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Americo Life Insurance Company Chief Accounting Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Donald L. Walker Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 10 31 2011 City State Zip Code Transaction ID: PR1156427123020 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers SVP, Administration & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Walter C. Welsh Date of Receipt Mailing Address 101 Constitution Ave, NW 10 31 2011 101 Constitution Ave, NW City Zip Code State Transaction ID: PR1550105923020 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 369.48 С federal political committee. Name of Employer Occupation American Council of Life Insurers **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$184.74 Semi-Monthly) 3694.80 Other (specify) 719.48

9

- 9

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 36 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr. Jr. Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2011 10 31 City Zip Code State Transaction ID: PR1554864823020 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Gail S. Steinberg Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 10 2011 31 City State Zip Code Transaction ID: PR1565786723020 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Legislative Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Shannon N. Salinas Date of Receipt Mailing Address 101 Constitution Ave, NW 10 31 2011 Suite 700 City Zip Code State Transaction ID: PR1647849723020 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Counsel, Taxes & Retirement Security American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insur	ers Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Ms. Kathleen F. Kiernan-Pagani		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		10 31 2011
City	State Zip Code	Transaction ID : PR1728112723020
Washington	DC 20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	152.30
Name of Employer	Occupation	
American Council of Life Insurers	Sr. Counsel, State Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1522.99	P/R Deduction (\$76.15 Semi-Monthly)
Full Name (Last, First, Middle Initial) 3. Ms. Carolyn C. Cobb	1	Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700		10 31 2011
City	State Zip Code	Transaction ID : PR1821819623020
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.50
Name of Employer	Occupation	-
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		P/R Deduction (\$93.75 Semi-Monthly)
Other (specify) ▼	1875.00	
Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		10 31 2011
City	State Zip Code	Transaction ID : PR1871324523020
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	-
American Council of Life Insurers	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate roar to bate v	P/R Deduction (\$208.33 Semi-Monthly)
Other (specify) ▼	4166.60	,,
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	756.46
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 17 OF 36 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Brian Waidmann Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2011 10 31 City Zip Code State Transaction ID: PR1872428323020 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Name of Employer Occupation Chief of Staff American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 3541.61 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Peter J. Bautz Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 10 2011 31 City State Zip Code Transaction ID: PR1903849823020 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Taxes and Retirement S Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Gary E. Hughes Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 10 31 2011 City Zip Code State Transaction ID: PR771358223020 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 310.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Executive Vice President & General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$155.00 Semi-Monthly) 3100.00 Other (specify) 766.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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or for commercial purposes, other than using th	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Mailing Address 101 Constitution Avenue, NV	V	Date of Receipt
Suite 700 West City	State Zip Code	10 31 2011 Transaction ID : PR771262422020
Washington	DC 20001-2133	Transaction ID : PR771362423020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	107.16
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Conference Development Aggregate Year-to-Date ▼ 1071.61	P/R Deduction (\$53.58 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700 West City	State Zip Code	10 31 2011 Transaction ID : PR771365423020
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Barbara A. Price		Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West City	V State Zip Code	10 31 2011
Washington	DC 20001-2133	Transaction ID : PR771369023020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	59.26
Name of Employer	Occupation	-
American Council of Life Insurers	Vice Pres., Legislative & Regulatory I	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 592.59	P/R Deduction (\$29.63 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		226.42
TOTAL This Period (last page this line number	· only)	

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Use separate schedule(s)		(check only one)								
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or for commercial purposes, other than using t	the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Council of Life Insur	rers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson Mailing Address 101 Constitution Avenue, N	NA/	Date of Receipt
Suite 700 West		10 31 2011
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771373223020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	286.46
Name of Employer American Council of Life Insurers Receipt For: Primary General	Occupation Senior Vice President, State Relations Aggregate Year-to-Date ▼ 2864.60	P/R Deduction (\$143.23 Semi-Monthly)
Other (specify) ▼ Full Name (Last, First, Middle Initial)	2004.00	
Ms. Shawn Hausman Mailing Address 101 Constitution Avenue, N Suite 700 West		Date of Receipt 10 31 2011
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771373523020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	57.52
Name of Employer American Council of Life Insurers	Occupation Sr. Vice President, Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.20	P/R Deduction (\$28.76 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. David M. Leifer		Date of Receipt
Mailing Address 101 Constitution Avenue, N Suite 700 West		10 31 / Y = Y = Y = Y
City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771374023020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	155.16
Name of Employer	Occupation	
American Council of Life Insurers Receipt For:	Vice President & Associate General Cou	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1551.61	P/R Deduction (\$77.58 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional).	>	499.14
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		name and address of any political committee to	
<u> </u>	NAME OF COMMITTEE (In Full)		
\rangle	American Council of Life Insurers	s Political Action Committee	
١.	Full Name (Last, First, Middle Initial) Mr. James D. Hall		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
	Suite 700 West	State 7in Code	10 31 2011
	City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771374323020
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	American Council of Life Insurers	Regional Vice President, State Relatio	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	P/R Deduction (\$15.00 Semi-Monthly)
_	Salor (Specify) ▼	300.00	
3.	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
	Suite 700 West	State 7:- C-1-	10 31 2011
	City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771376823020
	Washington FECURE Transfer of contributions	DC 20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.84
	Name of Employer	Occupation	
	American Council of Life Insurers	Regional Vice President, State Relatio	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	508.40	P/R Deduction (\$25.42 Semi-Monthly)
	Canon (openiny) V	333.40	
·-	Full Name (Last, First, Middle Initial) Mr. John W. Mangan CEBS		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700		10 31 2011
	City	State Zip Code	Transaction ID : PR771377123020
	Washington	DC 20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer	Occupation	
	American Council of Life Insurers	Regional Vice President, State Relatio	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	2000.00	P/R Deduction (\$100.00 Semi-Monthly)
_	Other (specify) ▼	2000.00	
s	UBTOTAL of Receipts This Page (optional)		280.84
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T	OTAL This Period (last page this line number o	nly)	

	FOR LINE NUMBER:	PAGE	21 OF	36
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	13 14	T ₁₅	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan Mailing Address 101 Constitution Avenue Suite 700 West	Date of Receipt 10 31 2011		
City	State Zip Code	Transaction ID : PR771395123020	
Washington	DC 20001-2133	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	416.66	
Name of Employer	Occupation		
American Council of Life Insurers	Senior Executive Vice President, Publi		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4166.60	P/R Deduction (\$208.33 Semi-Monthly)	
Full Name (Last, First, Middle Initial) Mr. Morris R. Goff	'	Date of Receipt	
Mailing Address 101 Constitution Avenue	, NW	M = M / D = D / Y = Y = Y	
Suite 700 West City	State Zip Code	10 31 2011 Transaction ID : PP771410323020	
Washington	DC 20001-2133	Transaction ID : PR771419323020 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	187.26	
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1872.60	P/R Deduction (\$93.63 Semi-Monthly)	
Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation	'	Date of Receipt	
Mailing Address 101 Constitution Avenue Suite 700 West		10 31 / Y Y Y Y Y	
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771419923020	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer			
American Council of Life Insurers			
Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$75.00 Semi-Monthly)	
Other (specify) ▼	1300.00		

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Nancy L. Smith Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2011 10 31 City Zip Code State Transaction ID: PR771420023020 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation American Council of Life Insurers **Executive Assistant** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Semi-Monthly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Debra K. West Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 10 2011 31 City State Zip Code Transaction ID: PR771421023020 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael Lovendusky Date of Receipt Mailing Address 101 Constitution Ave, NW 10 31 2011 Suite 700 City Zip Code State Transaction ID: PR771421123020 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Vice President & Associate General Cou American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 400.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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\	NAME OF COMMITTEE (In Full)	D 199	
\rangle	American Council of Life Insurers	s Political Action Committee	
١.	Full Name (Last, First, Middle Initial) Mr. Jeffry J. Janoska		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
	Suite 700	State Zin Code	10 31 2011
	City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771423123020
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22.50
	Name of Employer	Occupation	
	American Council of Life Insurers	Senior Policy Analyst	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	203.71	P/R Deduction (\$11.25 Semi-Monthly)
_	Other (specify) ▼	203.71	
3.	Full Name (Last, First, Middle Initial) Ms. Lisa J. Tate		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
	Suite 700	State 7th Cold	10 31 2011
	City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771423223020
	Washington	DC 20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer	Occupation	
	American Council of Life Insurers	VP, Litigation & Assoc. Gen. Counsel	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	P/R Deduction (\$40.00 Semi-Monthly)
_	Outer (opecity) ▼	000.00	
_ >.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni		Date of Receipt
•	Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
	Suite 700 City	State Zip Code	10 31 2011 Transaction ID : PR771428723020
	Washington	DC 20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.42
	Name of Employer	Occupation	
	American Council of Life Insurers	Regional Vice President, State Relatio	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1304.19	P/R Deduction (\$65.21 Semi-Monthly)
_	Curol (openiy)	1904.18	
s	SUBTOTAL of Receipts This Page (optional)		232.92
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee			
Full Name (Last, First, Middle Initial) A. Mr. David C. Turner		Date of Receipt		
Mailing Address 101 Constitution Ave, NW Suite 700	Suite 700			
City	State Zip Code DC 20001-2133	Transaction ID : PR771428923020		
Washington	20001-2133	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.76		
Name of Employer	Occupation			
American Council of Life Insurers	EVP, Chief of Staff & Corp. Secretary			
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Destruction (0405.00.0		
Other (specify) ▼	2507.59	P/R Deduction (\$125.38 Semi-Monthly)		
Full Name (Last, First, Middle Initial) 3. Mr. Kynondo Lewis	·	Date of Receipt		
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y		
Suite 700 City	State Zip Code	10 31 2011		
Washington	DC 20001-2133	Transaction ID : PR771439623020 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.50		
Name of Employer	Occupation			
American Council of Life Insurers	Legal Editor			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	205.00	P/R Deduction (\$10.25 Semi-Monthly)		
Full Name (Last, First, Middle Initial) C. Ms. Alane R. Dent		Date of Receipt		
Mailing Address 101 Constitution Ave, NW Suite 700		10 31 2011		
City	State Zip Code	Transaction ID : PR771444323020		
Washington	DC 20001-2133	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	180.00		
Name of Employer	Occupation	-		
American Council of Life Insurers	Vice President, Federal Relations			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1566.00	P/R Deduction (\$90.00 Semi-Monthly)		
SUBTOTAL of Receipts This Page (optional)		451.26		
TOTAL This Period (last page this line number	only)			

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	, , ,	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
American Council of Life Insurer	rs Political Action Committee		
Full Name (Last, First, Middle Initial) A. Mr. T. Scott Dixon		Date of Receipt	
Mailing Address 101 Constitution Avenue NW		M = M / D = D / Y = Y = Y	
Suite 700 West City	State Zip Code	10 31 2011	
Washington Washington	DC 20001-2133	Transaction ID : PR771444923020 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	40.00	
Name of Employer	Occupation		
American Council of Life Insurers	Finance Director		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Semi-Monthly)	
Full Name (Last, First, Middle Initial) Mr. Andrew M. Melnyk		Date of Receipt	
Mailing Address 101 Constitution Avenue NW		M = M / D = D / Y = Y = Y	
Suite 700 City	State Zip Code	10 31 2011	
Washington	DC 20001-2133	Transaction ID : PR771445823020 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	37.50	
Name of Employer	Occupation		
American Council of Life Insurers	Managing Director, Research		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 367.80	P/R Deduction (\$18.75 Semi-Monthly)	
Full Name (Last, First, Middle Initial) C. Ms. Julie A. Spiezio		Date of Receipt	
Mailing Address 101 Constitution Avenue NW Suite 700		10 31 2011	
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771449623020	
FEC ID number of contributing		Amount of Each Receipt this Period	
federal political committee.	C	50.00	
Name of Employer	Name of Employer Occupation		
American Council of Life Insurers	Senior Vice President		
Receipt For: Primary General	Aggregate Year-to-Date ▼	P/P Doduction (\$25.00 Comit Months)	
Other (specify) ▼	500.00	P/R Deduction (\$25.00 Semi-Monthly)	
SUBTOTAL of Receipts This Page (optional)		127.50	
TOTAL This Period (last page this line number of	only)	1 1 40 1 1 40 7 1 7	

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Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16	

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Full Name (Last, First, Middle Initial) Mr. John K. Bruins Mailing Address 101 Constitution Avenue	Date of Receipt	
Suite 700	Otata 7in Orda	10 31 2011
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771450123020
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 31.34
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Senior Actuary Aggregate Year-to-Date ▼ 313.39	P/R Deduction (\$15.67 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Maurice A. Perkins		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700	1	10 31 2011
City	State Zip Code	Transaction ID : PR805149123020
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	229.16
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2109.20	P/R Deduction (\$114.58 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman	1	Date of Receipt
Mailing Address 101 Constitution Avenue, Suite 700		10 31 / Y = Y = Y = Y
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR904819523020
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer	-	
American Council of Life Insurers	Counsel, Insurance Regulation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Semi-Monthly)
	500.00	310.50
TOTAL This Period (last page this line num	nber only)	16468.85

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 36 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Council of Life Insure	rs Politica	al Action Committee	
Full Name (Last, First, Middle Initial) American Fidelity Corporation PAC Mailing Address P.O. Box 25523 City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation	Zip Code 73125 0210526	Date of Receipt 10 14 2011 Transaction ID: 42843001 Amount of Each Receipt this Period 5000.00
Primary General Other (specify) ▼	Aggregate	5000.00	
Full Name (Last, First, Middle Initial) Allianz/Fireman's Fund Insurance C Mailing Address 1101 Connecticut Ave, NW #8 City		AC Zip Code	Date of Receipt 10 14 2011 Transaction ID: 42843002
Washington FEC ID number of contributing federal political committee. Name of Employer	C co	20036	Amount of Each Receipt this Period 3500.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) C. Unum PAC			Date of Receipt
Mailing Address 2211 Congress Street City Portland FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation	Zip Code 04122 0155770 Year-to-Date ▼	Transaction ID: 42843582 Amount of Each Receipt this Period 5000.00
SUBTOTAL of Receipts This Page (optional))	13500.00

TOTAL This Period (last page this line number only).....

S 17

S	CHEDULE A (FEC Form 3X)		Harana and a sala data(a)	FOR LINE NUMBER: PAGE 28 OF 36
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay not be sold or used by any penddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurer	s Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Ameritas Life Insurance Corp PAC			Date of Receipt
	Mailing Address 5900 O Street			10 31 2011
	City Lincoln	State NE	Zip Code 68510	Transaction ID : 42843583
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 5000.00
	Name of Employer	Occupation	ı	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) Penn Mutual PAC			Date of Receipt
	Mailing Address 600 Dresher Road			10 10 2011
	City Horsham	State PA	Zip Code 19044-2204	Transaction ID : 42851244 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	0142372	5000.00
	Name of Employer	Occupation	ı	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
С .	Full Name (Last, First, Middle Initial) CUNA Mutual PAC			Date of Receipt
	Mailing Address P.O. Box 747			10 20 2011
	City Madison	State WI	Zip Code 53701	Transaction ID : 42851245 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0402107	1500.00
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
5	UBTOTAL of Receipts This Page (optional)			11500.00

TOTAL This Period (last page this line number only).....

25000.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 OF 36
TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
ILIMIZED NECEIPIS		for each category of the Detailed Summary Page	11a 11b 11c 12
Any information posited from such Departs 1.2	totom = = t	ou not be cold as used by a	13 14 15 X 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	D-110	al Antion Ones 'Use	
American Council of Life Insure	rs Politica	ai Action Committee	
Full Name (Last, First, Middle Initial) A. Nationwide Mutual Insurance Co PAC			Date of Receipt
Mailing Address One Nationwide Plaza	<u>'</u>		M M / D D / Y Y Y Y
			10 26 2011
City	State	Zip Code	Transaction ID: 42842989
Columbus	ОН	43215-2220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0076174	2500.00
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	, 1991 09410		1
Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial)			Date of Descipt
Mailing Address			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	С		
federal political committee.			
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			1
Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Passint this Paried
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	С		
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	551 05410		1
Other (specify) ▼		7	
SURTOTAL of Receipts This Page (ontional)			2500.00

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 30 OF	36
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b		26
		27		30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or use ne and address of any politica	d by any perso I committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Comm	nittee		
Full Name (Last, First, Middle Initial)				
A. Friends Of Chris Murphy			Date of Disbursement	
Mailing Address PO Box 127			10 13 2011	
City	State Zip Code		Transaction ID: 42425856	
Cheshire	CT 06410		Hansaction ID . 42423030	
Purpose of Disbursement Correct election designation		011	Amount of Each Disbursement this Period	k
Candidate Name		Category/	1000.00	П
Mr. Christopher Murphy		Туре	1000.00	_
Office Sought: House Disburser Senate	nent For: 2012 Primary General		[MEMO ITEM]	
President	Primary General Other (specify) ▼		Correct election designation	
State: CT District:	2012 Convention E	lec		
Full Name (Last, First, Middle Initial)				
B. Levin For Congress			Date of Disbursement	
Mailing Address P.O. Box 37			10 27 2011	
City S Roseville	State Zip Code MI 48066		Transaction ID : 42644613	
Purpose of Disbursement Contribution to federal candidate		011	Amount of Each Disbursement this Period	b
Candidate Name		Category/	4000.00	П
Rep. Sander Levin		Type	1000.00	_
	nent For: 2012			
Senate President	Primary General Other (specify) ▼		Contribution to federal candidate	
State: MI District: 12	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Friends Of Dave Reichert			Date of Disbursement	
Mailing Address P. O. Box 53322			10 27 2011	
Mailing Address F. O. Box 33322			10 21 2011	
,	State Zip Code WA 98015		Transaction ID: 42644614	
Purpose of Disbursement Contribution to federal candidate	30010	044		
Candidate Name		011	Amount of Each Disbursement this Period	t —
Rep. David Reichert		Category/ Type	1000.00	7
	nent For: 2012	.,,,,		-
Senate	Primary General		Contribution to federal candidate	
President	Other (specify) ▼			
State: WA District: 08				
SUBTOTAL of Disbursements This Page (optional)			2000.00	
				ī
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 31 OF 36
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30l
Any information copied from such Reports and States or for commercial purposes, other than using the name	nents may not be sold or use ne and address of any politica	d by any perso Il committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers F	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			
A. Snowe for Senate			Date of Disbursement
Mailing Address P.O. Box 2012			10 27 2011
City	State Zip Code		Transaction ID : 40044047
Portland	ME 04104		Transaction ID: 42644647
Purpose of Disbursement Contribution to federal candidate		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Olympia Snowe	_	Туре	1000.00
	nent For: 2012 Primary General Other (specify)		Contribution to federal candidate
State: ME District:			
Full Name (Last, First, Middle Initial)			
B. Robert Hurt For Congress			Date of Disbursement
Mailing Address PO Box 2			10 27 2011
Chatham	State Zip Code VA 24531		Transaction ID : 42644648
Purpose of Disbursement Contributions to federal candidate		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Robert Hurt		Type	1000.00
	nent For: 2012 Primary General Other (specify)		Contributions to federal candidate
Full Name (Last, First, Middle Initial)			
C. Neugebauer Congressional Comm	ittee		Date of Disbursement
Mailing Address 217 Third Street			10 27 2011
,	State Zip Code DC 20003		Transaction ID: 42644649
Purpose of Disbursement Contribution to federal candidate	20000	044	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Robert Neugebauer		Category/ Type	1000.00
	nent For: 2012	.,,,,,	
Senate President State: TX District: 19	Primary General Other (specify) ▼		Contribution to federal candidate
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00
TOTAL This Period (last page this line number only)		·····	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 32 OF 3	6
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		
	for each category of the Detailed Summary Page	21b		26
		27		30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers	Political Action Comr	nittee		
Full Name (Last, First, Middle Initial)				
A. Crowley for Congress			Date of Disbursement	
Mailing Address 84-56 Grand Avenue			10 27 2011	
City	State Zip Code		Transaction ID: 42644650	
Elmhurst Purpose of Disbursement	NY 11373			
Contribution to federal candidate		011	Amount of Each Disbursement this Period	
Candidate Name Joseph Crowley		Category/	1000.00	1
•	ement For: 2012	Туре	7 7 7	1
Senate President	Primary General Other (specify) ▼		Contribution to federal candidate	
State: NY District: 07				_
Full Name (Last, First, Middle Initial) B. Searchlight Leadership Fund			Date of Disbursement	
Mailing Address 422 C St., NE			10 27 2011	
Lower Level	7' 0 1			
City Washington	State Zip Code DC 20002		Transaction ID: 42644651	
Purpose of Disbursement Contribution to federal PAC		011	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	1000.00	
Office Sought: House Disburse	ement For:			
Senate President State: District:	Primary General Other (specify) ▼		Contribution to federal PAC	
Full Name (Last, First, Middle Initial)				
C. Judy Biggert for Congress			Date of Disbursement	
Mailing Address P.O. Box 637			10 27 2011	
City	State Zip Code IL 60522		Transaction ID: 42644652	
Hinsdale Purpose of Disbursement Contribution to federal candidate	IL 60522	044		
Candidate Name		011	Amount of Each Disbursement this Period	
Judy Biggert		Category/ Type	1000.00	1
	ement For: 2012	.,,,,	7 7 7	1
Senate President State: IL District: 13	Primary General Other (specify) ▼		Contribution to federal candidate	
2.00.100. 10				_
SUBTOTAL of Disbursements This Page (optional)		·····	3000.00	_
TOTAL This Period (last page this line number onl	y)	·····•		

Transaction ID : 42644653 City State Zip Code Zeeland MI 49464 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: House Senate President President State: MI District: 02 Full Name (Last, First, Middle Initial) B. Brady For Congress Mailing Address P.O. Box 8277 City State Zip Code The Woodlands TX 77387 Purpose of Disbursement Contribution to federal candidate Candidate Name Category/ Type Contribution to federal candidate Transaction ID : 42644653 Amount of Each Disbursement this Peter State Sip Code Transaction ID : 42644781 Transaction ID : 42644781 Transaction ID : 42644781 Amount of Each Disbursement this Peter State Sip Code Transaction ID : 42644781 Transaction ID : 42644781 Amount of Each Disbursement this Peter State Sip Code Transaction ID : 42644781 Transaction ID : 42644781	22
Detailed Summary Page 27 28a 28b 28c 29 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee of for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee of formation for the purpose of soliciting contributions from such committee. Full Name (Last, First, Middle Initial) A. Huizenga For Congress Mailing Address 441 William Court City State Zip Code Mil 49464 Purpose of Disbursement Contribution to federal candidate Condidate Name Rep. Bill Huizenga Office Sought: House Disbursement For: 2012 Full Name (Last, First, Middle Initial) B. Brady For Congress Mailing Address P.O. Box 8277 City State Zip Code The Woodlands TX 77387 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: House Senate Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: House Senate Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: House Senate Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: House Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) Contribution to federal candidate Co	28a 28b 28c 29 30b If the purpose of soliciting contributions sit contributions from such committee. In the purpose of soliciting contributions sit contributions from such committee. In the purpose of soliciting contributions sit contributions from such committee. In the purpose of soliciting contributions sit contributions such committee. In the purpose of soliciting contributions sit contributions such committee. In the purpose of soliciting contributions sit contributions such committee. In the purpose of soliciting contributions sit contributions such committee. In the purpose of soliciting contributions sit contributions such committee. In the purpose of soliciting contributions sit contributions such committee. In the purpose of soliciting contributions such contributions such committee. In the purpose of soliciting contributions such committees. In the purpose of soliciting contributions such contributions such contributions such contributions such contributions such contributions such c
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) A. Huizenga For Congress Mailing Address 441 William Court City State Zip Code 49464 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: State: MI Distric: City State President State: MI Distric: City State Zip Code Transaction ID: 42644653 Amount of Each Disbursement this Pe Contribution to federal candidate Transaction ID: 42644781 Date of Disbursement this Pe Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate Condidate Name Rep. Kevin Brady Office Sought: House President Contribution to federal candidate Condidate Name Rep. Kevin Brady Office Sought: House Contribution to federal candidate	ate of Disbursement 10 27 2011 Transaction ID: 42644653 mount of Each Disbursement this Period 1000.00 Intribution to federal candidate ate of Disbursement 10 27 2011 Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 Intribution to federal candidate
AME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) A. Huizenga For Congress Mailing Address 441 William Court City Zeeland Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: House	ate of Disbursement 10 27 2011 Transaction ID: 42644653 mount of Each Disbursement this Period 1000.00 Intribution to federal candidate ate of Disbursement 10 27 2011 Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 Intribution to federal candidate
Full Name (Last, First, Middle Initial) A. Huizenga For Congress Mailing Address 441 William Court City Zeeland Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: State: MI District: Din	Transaction ID: 42644653 mount of Each Disbursement this Period 1000.00 multibution to federal candidate ate of Disbursement 10
A. Huizenga For Congress Mailing Address 441 William Court City Zeeland Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Contribution to federal candidate	Transaction ID: 42644653 mount of Each Disbursement this Period 1000.00 multibution to federal candidate ate of Disbursement 10
Mailing Address 441 William Court City State Zip Code MI 49464 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: House Senate Prissident State: MI District: 02 Full Name (Last, First, Middle Initial) B. Brady For Congress Mailing Address P.O. Box 8277 City State Zip Code TX 77387 City State Zip Code TX 77387 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Office Sought: Other (specify) ▼ Disbursement For: 2012 Senate President Senate President Senate President Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) Category/ Type Contribution to federal candidate	Transaction ID: 42644653 mount of Each Disbursement this Period 1000.00 multibution to federal candidate ate of Disbursement 10 27 2011 Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 multibution to federal candidate
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Zeeland MI 49464 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: State: MI District: 02 Full Name (Last, First, Middle Initial) B. Brady For Congress Mailing Address Mailing Address Mailing Address Full Name (Last, First, Middle Initial) State: TX District: 08 Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Full Name (Last, First, Middle Initial) Candidate Name Rep. Kevin Brady Disbursement For: 2012 Primary General Other (specify) ▼ Category/ Type Contribution to federal candidate	nount of Each Disbursement this Period 1000.00 Intribution to federal candidate ate of Disbursement 10
Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought: House	ate of Disbursement Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 portribution to federal candidate
Contribution to federal candidate Candidate Name Rep. Bill Huizenga Office Sought:	ate of Disbursement Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 pontribution to federal candidate
Rep. Bill Huizenga Office Sought:	ate of Disbursement 10 27 2011 Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 ontribution to federal candidate
Office Sought:	ate of Disbursement 10 27 2011 Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 ontribution to federal candidate
Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Brady For Congress Mailing Address P.O. Box 8277 City State Zip Code TX 77387 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: House Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) C. Mailing Address Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: Primary General Other (specify) ▼ Date of Disbursement Contribution to federal candidate	ate of Disbursement 10 27 2011 Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 ontribution to federal candidate
Full Name (Last, First, Middle Initial) B. Brady For Congress Mailing Address P.O. Box 8277 City State Zip Code The Woodlands TX 77387 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: House Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) C. Mailing Address Date of Disbursement Transaction ID: 42644781 Amount of Each Disbursement this Performance Candidate Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate Date of Disbursement Contribution to federal candidate	Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 pontribution to federal candidate
B. Brady For Congress Mailing Address P.O. Box 8277 City State Zip Code The Woodlands TX 77387 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought:	Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 portribution to federal candidate
Mailing Address P.O. Box 8277 City State Zip Code The Woodlands TX 77387 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: House Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) C. Mailing Address Mailing Address Transaction ID : 42644781 Amount of Each Disbursement this Personant Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Transaction ID: 42644781 mount of Each Disbursement this Period 1000.00 portribution to federal candidate
City The Woodlands TX T7387 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: State: TX District: 08 Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: 2012 Primary General Other (specify) Date of Disbursement Date of Disbursement Date of Disbursement Mailing Address Transaction ID: 42644781 Amount of Each Disbursement this Permanter	Transaction ID : 42644781 mount of Each Disbursement this Period 1000.00 portribution to federal candidate ate of Disbursement
The Woodlands Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) Mailing Address TX 77387 Amount of Each Disbursement this Personant	nount of Each Disbursement this Period 1000.00 Intribution to federal candidate ate of Disbursement
Contribution to federal candidate Candidate Name Rep. Kevin Brady Office Sought: Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) Mailing Address Amount of Each Disbursement this Performance Category/Type Category/Type Category/Type Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate	ntribution to federal candidate ate of Disbursement
Rep. Kevin Brady Office Sought: House Senate President Other (specify) State: TX District: 08 Full Name (Last, First, Middle Initial) C. Category/ Type Category/ Type Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate	ontribution to federal candidate ate of Disbursement
Rep. Kevin Brady Office Sought: House Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) C. Type Type Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate	ontribution to federal candidate ate of Disbursement
Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) C. Mailing Address Contribution to federal candidate Contribution to federal candidate Contribution to federal candidate	ate of Disbursement
Full Name (Last, First, Middle Initial) C. Mailing Address Date of Disbursement	
Mailing Address	
Mailing Address	A D D / V V V
City State Zip Code	
Purpose of Disbursement	
Candidate Name Category/ Type Amount of Each Disbursement this Performance of Each Disbursement this Perfo	mount of Each Disbursement this Period
Office Sought: House Disbursement For:	
Senate Primary General	
State: District: Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	
3 (1)	2000.00

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3	CHEDULE B (FEC Form 3X)		FC	OR L	INE N	UMBER	:		F	AGE	34 (OF :	36
IT	EMIZED DISBURSEMENTS		(cł	neck	only o	one)							
_					21b	22		23	24		25		26
		Detailed Summary Fage			27	28a		28b	28	c X	29	Н	30b
Δ	ay information conied from such Reports and Statem	nents may not be sold or us	ed by	anv	nerenr	for the	nurr	2000	of solicit	ing cor	tribu	tions	
	for commercial purposes, other than using the name												
\		, , p											
/	NAME OF COMMITTEE (In Full)	A C C C C C C C C C C C C C C C C C C C											
	American Council of Life Insurers F	'olitical Action Com	mitte	е									
_													
_	Full Name (Last, First, Middle Initial)					. .							
Α.	Coalition to Elect Larry Taylor					Date o	of Dis	burse	ment				
						M M	/	D	D /	Y Y		Υ	
	Mailing Address P.O. Box 1208					10	_	17	7	_ 20	11		
	-												
	•					Trans	sacti	on ID	: 42464	1817			
	Friendswood	TX 77549					Juo.	0					
	Purpose of Disbursement			-	71								
	Larry Taylor, STATE HOUSE 24th TX		0	11_		Amoun	it of	Each	Disburs	ement	this I	Perio	d
	Candidate Name		Cate	aorv	//						500		
	Larry Taylor							7			500	0.00	_
		nent For: 2012											
	Senate	Primary General				Larry T	avlor	STA	TE HOL	ISF 24t	h TX		
	President	Other (specify)				Larry	ayıoı	, 017	121100	JOL 2-1	17		
	State: TX District: 24	(-											
	Full Name (Last, First, Middle Initial)												
Ь						Data	t Dia	huraa	mont				
В.	Leticia Van de Putte Campaign					Date o	וו טונ	burse	ment				
						M = M	/	D	- '	Y		Υ	
	Mailing Address P.O. Box 8490					10		1	7	_ 20	11		
	-		may not be sold or used by any person for daddress of any political committee to solicitical Action Committee Zip Code										
	,					Trans	sacti	on ID	: 42466	845			
	San Antonio	TX 78208											
	Purpose of Disbursement Leticia Van de Putte, STATE SENATE 26th TX								. .				
	·		0	11		Amoun	it of	Each	Disburs	ement	this	Perio	d
	Candidate Name		Cate	gory	//						E00	00	т.
	Senator Leticia Van de Putte		Ту	/pe				7			500	0.00	_
	Office Sought: House Disbursen	nent For: 2012											
	X Senate	Primary General				Leticia	Van	de Pu	tte, STA	ATE SE	NATE	= 26th	h TX
	President	Other (specify) ▼							,				
	State: TX District:												
	Full Name (Last, First, Middle Initial)												
C						Date o	of Dis	burse	ment				
٠.	The Craig Eiland Campaign						_		_				
	Mailing Address 0400 Market 04				-	10	/	17		20	1 1	Y	
	Mailing Address 2423 Market St.					10	-	1.0		_20	•		
	City	State Zip Code			-								
	•	'				Trans	sacti	on ID	: 42467	7856			
	Purpose of Disbursement	17330											
	Craig Eiland, STATE HOUSE 23rd TX		0	11	71								
	Candidate Name		0	•••	_	Amoun	it of	∟ach	Disburs	ement	this	Period	d
					//						500	0.00	п.
	Craig Eiland		Гу	/pe			_	7	7				
		nent For: 2012											
						Craig E	iland	I, STA	TE HOI	JSE 23	rd TX	(
	_	Other (specify) ▼											
	State: TX District: 23												
								-					
5	SUBTOTAL of Disbursements This Page (optional)				•			an -			1500	.00	
									,				
	TOTAL This Period (last page this line number only)												

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	for each category of the	(check only	y one) 22					
	Detailed Summary Page	27	28a 28b 28c X 29 30					
Any information copied from such Reports and Stator for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)	and address of any politic	ai committee to	CONST. CONTRIBUTIONS HOLD SUCH COMMITTEE.					
American Council of Life Insurers	Political Action Com	mittee						
Full Name (Last, First, Middle Initial)			B (B) .					
A. Kelly Hancock Campaign			Date of Disbursement					
Mailing Address P.O. Box 821349			10 17 2011					
City	State Zip Code TX 76182		Transaction ID: 42470906					
North Richland Hills Purpose of Disbursement	TX 76182							
Kelly Hancock, STATE HOUSE 91st TX		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	500.00					
TX Rep. Kelly Hancock Office Sought: House Disburs	ement For: 2012	Туре	333.00					
Senate President	Primary General Other (specify) ▼		Kelly Hancock, STATE HOUSE 91st TX					
State: TX District: 91								
Full Name (Last, First, Middle Initial) B. Raul Torres Campaign			Date of Disbursement					
Mailing Address 4418 Ayers St.								
City Corpus Christi Purpose of Disbursement	State Zip Code TX 78415		Transaction ID: 42471212					
Raul Torres, STATE HOUSE 33rd TX		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	200.00					
TX Rep. Raul Torres		Type	300.00					
	ement For: 2012 Primary General Other (specify) ▼		Raul Torres, STATE HOUSE 33rd TX					
Full Name (Last, First, Middle Initial)								
C. John Carona Campaign			Date of Disbursement					
Mailing Address P. O. Box 600035		10 17 2011						
City Dallas	State Zip Code TX 75360		Transaction ID: 42472675					
Purpose of Disbursement John Carona, STATE SENATE 16th TX		011						
Candidate Name		011	Amount of Each Disbursement this Period					
John Carona		Category/ Type	500.00					
Senate President	ement For: 2012 Primary General Other (specify) ▼		John Carona, STATE SENATE 16th TX					
State: TX District:								
SUBTOTAL of Disbursements This Page (optional)		······	1300.00					
TOTAL This Period (last page this line number on	y)	·····•						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Council of Life Insurers P	olitical Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. Tommy Williams Campaign Mailing Address P.O. Box 8069			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	= -		
The Woodlands	tate Zip Code TX 77387		Transaction ID: 42473055
Purpose of Disbursement Thomas Williams, STATE SENATE 4th TX		011	Amount of Each Disbursement this Period
Candidate Name TX Sen. Thomas Williams		Category/ Type	500.00
Senate President	ent For: 2012 Primary General Other (specify) ▼	,,	Thomas Williams, STATE SENATE 4th TX
State: TX District: Full Name (Last, First, Middle Initial) B. Robert Duncan Campaign Mailing Address P.O. Box 2309			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	tate Zip Code TX 79408		Transaction ID : 42473895
Purpose of Disbursement Robert Duncan, STATE SENATE 28th TX		011	Amount of Each Disbursement this Period
Candidate Name Senator Robert Duncan		Category/ Type	500.00
X Senate	ent For: 2012 Primary General Other (specify)		Robert Duncan, STATE SENATE 28th TX
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M - M / D - D / Y - Y - Y
City	tate Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	ent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only).			3800.00